

7/18/2018

L18000052297

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000208204 3)))



H180002082043ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAXMY'S CARRIER SERVICES
Account Number : 120940000007
Phone : (305)640-0281
Fax Number : (305)640-0282

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LAXMY02001@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENA FREIGHT LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2018 AUG -1 AM 11:16

Division of Corporations
1901 E. Bay Street
Tallahassee, FL 32309

Division of Corporations
1901 E. Bay Street
Tallahassee, FL 32309

2018 AUG -1 PM 1:11

Electronic Filing Menu

Corporate Filing Menu

Help
B FIGUEROA

AUG 02 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MENA FREIGHT LOGISTICS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENATO S COSTA
Name of Person

MENA FREIGHT LOGISTICS LLC
Firm/Company

5031 WILES RD APT 303
Address

COCONUT CREEK FL 33073
City/State and Zip Code

GAIL.LAXMYSCARRIER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON at (305) 640-0281
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENA FREIGHT LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2018 and assigned Florida document number 118000052297.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MENA IMPORTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9085 SW 20TH ST UNIT D

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON FL 33428

Enter new mailing address, if applicable:

908SW 20TH ST UNIT D

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON FL 33428

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MATHEUS COSTA	9085 SW 20TH ST UNIT D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

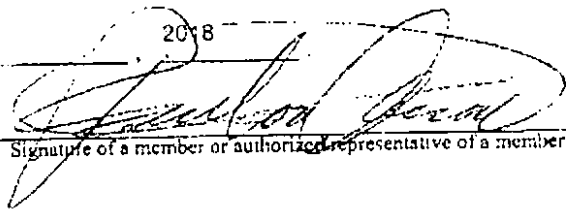
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 08/01/2018 (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated AUG 8TH

2018



Signature of a member or authorized representative of a member

RENATO S COSTA

Typed or printed name of signer

2018 AUG -1 PM 1:11

FILED